

Date:

Amended to reflect change in email addresses.

## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-270-CT

Candidate's Maine (required):   Michael Oatman	irst or last name & office)  Candidate Information: Candidate Inform	didate's Name (required):	Michae PO Box wardsix (520)3 Michae rd 6 quired): Republican [	el Oatm  304,  x@Mich  302-546  elOatm  2017  Other:  cendent Experiment	Tucson, AinaelOatma 55 an.info  Green Part	an.info
Candidate's mailing address (required):	Cand Cand Cand Cand Cand Cand Cand Cand	didate's mailing address (required): didate's email address (required): didate's phone number (required): didate's website (if any): layor	PO Box wardsix (520)3 Michae  rd 6 quired): Republican (	x@Mich 302-546 elOatma 2017 Other:	Tucson, AinaelOatma 55 an.info  Green Part	an.info
Candidate's email address (required):	Cand Cand Cand Cand Cand Cand Cand Cand	didate's email address (required): didate's phone number (required): didate's website (if any): layor	wardsix (520)3 Michae  rd 6 quired):  Republican [	x@Mich 802-546 elOatma 2017 M Other:	naelOatma 55 an.info Green Part	an.info
Candidate's phone number (required):	Canding Candin Canding Canding Canding Canding Canding Canding Canding Canding	didate's phone number (required): _ didate's website (if any): layor	(520)3 Michae  michae  rd 6  quired):  Republican (  Republican (	2017  Other:	Green Part	ty
Candidate's phone number (required):	Canding Candin Canding Canding Canding Canding Canding Canding Canding Canding	didate's phone number (required): _ didate's website (if any): layor	(520)3 Michae  michae  rd 6  quired):  Republican (  Republican (	2017  Other:	Green Part	ty
Candidate's website (if any):	Cancel Control	didate's website (if any):	Michae rd 6 quired): Republican [	2017  Other:	Green Part	17
Political Action Committee (PAC)   Committee Name (required):   Political Function (potional):   Contributions   Candidate-Related Independent Expenditures   Candidate-Related Independent Expenditure	Political Action Committee Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): Sponsorship Information: Sponsorship Inform	ear the election will take place) (required) emocrat    Libertarian    Reference	quired): Republican 【 Related Indepe □ Recall Ex	☑ Other:		17
Political Action Committee (PAC)   Committee Name (required):	Party Affiliation: Definition	ear the election will take place) (required) emocrat    Libertarian    Reference	quired): Republican 【 Related Indepe □ Recall Ex	☑ Other:		17
Political Action Committee (PAC)  Committee Name (required): If sponsored, must include ponsor's name)  Political Function (optional): Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's website (if any): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's mail address (required): Sponsor's	Political Action Committee Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: Spo	e (PAC)  Contributions	Related Indepe	endent Expe		17
Political Action Committee (PAC)  Committee Name (required): If sponsored, must include ponsor's name)  Political Function (optional): Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's email address (required): Sponsor's website (if any): Sponsor's phone number (if any): Sponsor's website (if any): Sponsor's mail address (required): Sponsor's	Political Action Committee Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): Select any that apply)  Sponsorship Information: Spo	e (PAC)  Contributions	Related Indepe	endent Expe		17
Political Action Committee (PAC)   Committee Name (required):	Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): Select any that apply)  Sponsorship Information: Sponsorship Informat	Contributions	Related Indepe	endent Expe		17
Committee Name (required):  If sponsored, must include ponsor's name)  Political Function (optional):  Select any that apply)  Ballot Measure Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's website (if any):  Sponsor's phone number (if any):  Sponsor's mail address (required):	Committee Name (required): if sponsored, must include sponsor's name)  Political Function (optional): Select any that apply)  Sponsorship Information: Sponsorship Informat	Contributions   Candidate-Results Candidate-Resu	Related Indepe	endent Expe		17
ff sponsored, must include ponsor's name)  Political Function (optional):	if sponsored, must include sponsor's name)  Political Function (optional):	Contributions   Candidate-Results Allot Measure Expenditures  Consor's name or nickname (required)  Consor's mailing address (required):	Related Indepe	endent Expe		17
Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's email address (required):  Sponsor's website (if any):  Sponsor's mail address (required):  S	Select any that apply)	Ballot Measure Expenditures onsor's name or nickname (required) onsor's mailing address (required):	☐ Recall Ex	2.5	nditures =	~
Sponsor's name or nickname (required):    Sponsor's mailing address (required):   Sponsor's email address (required):   Sponsor's email address (required):   Sponsor's email address (required):   Sponsor's website (if any):   Sponsor's website (i	Sponsorship Information: Sponsorship Informati	onsor's name or nickname (required) onsor's mailing address (required):	32.37 33-95-95.2 85.3	0.000 (0.000 (0.1000 (0.000))		20
Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  S	if applicable) Spo	onsor's mailing address (required):		penaitures	33	3 m
Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Sponsor's webs	if applicable) Spo Spo Spo Spo Spo Spo Special Status must be filed with if applicable)  Political Party Committee Name (required):	onsor's mailing address (required):	1)-		177	- X - CH
Sponsor's email address (required):  Sponsor's phone number (if any):  Sponsor's website (if any):  Standard Rocal Sponsor (in any take All Spon	Spo Spo Special Status must be filed with (if applicable)  Political Party  Committee Name (required):				F-0	₩ <
Sponsor's website (if any):  Sponsor's websit	Spo Special Status must be filed with (if applicable)  Political Party  Committee Name (required):	nsor's email address (required):			70-	T [T]
Sponsor's website (if any): Sponsor's website (if any): Special Status must be filed with Secretary of State Segregated Fund of a Corporation, LLC, Partnership, or Union if applicable) Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications or most of the most officer) (must provide proof of Mega PAC status to filing officer) (amended applications or most officer) (must include party affiliation) State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Special Status must be filed with (if applicable)  Political Party  Committee Name (required):				The state of the s	
Standing Committee (must also complete separate standing committee registratism   ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications or Political Party  Committee Name (required): (must include party affiliation)  Jurisdiction: ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	if applicable)  □ Political Party  Committee Name (required):					<u> </u>
Standing Committee (must also complete separate standing committee registratism   ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications or Political Party  Committee Name (required): (must include party affiliation)  Jurisdiction: ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	if applicable)  □ Political Party  Committee Name (required):	h Secretary of State ☐ Separ	rate Segregate	ed Fund of a	Corporation, LLC	C. Partnership, or Ur
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications or  ☐ Political Party  Committee Name (required): (must include party affiliation)  Jurisdiction:  ☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	□ Political Party  Committee Name (required):	(E) 1980 March 1980 Ma				25
Committee Name (required): (must include party affiliation)  Jurisdiction:  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Committee Name (required):					
Committee Name (required): (must include party affiliation)  Jurisdiction:  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Committee Name (required):					
☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)						
☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)	Jurisdiction:	State Party (must include proof of qu	ualification pur	rsuant to A.F	R.S. § 16-801 or 8	§ 16-804)
☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)			100		D 80 H 1000 CO 100 H	
			SECTION CONTRACTOR INTO			NACO - 100 CO 100 NO

	Initial Application
	Amended Application
Da	ate:



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

17-270-CT

Revised: December 2016

## COMMITTEE INFORMATION:

10 may 10		year and the second
Contact Information:	Committee's mailing address (required): _	PO Box 304, Tucson, Arizona. 85702.
	Committee's email address (required):	wardsix@MichaelOatman.info
	Committee's phone number (if any):	(520) 302-5465
	Committee's website (if any):	MichaelOatman.info
Chairperson's Information:	Chairperson's name (required):	Mark Garza
		2416 N Sonoita Pl, Tucson, AZ.
		PO Box 304, Tucson, Arizona. 85702.
	Chairperson's email address (required): _	mark@MichaelOatman.info
	Chairperson's phone number (required): _	(520) 302-5465
	Chairperson's employer (required):	Garza Enterprises
	Chairperson's occupation (required):	General Contractor
Treasurer's Information:	Treasurer's name (required):	Michael Oatman
ricasarers information.	Treasurer's physical address (required):	2731 N Fair Oaks Ave, Tucson, Arizona
	Treasurer's mailing address (if different):	PO Box 304, Tucson, Arizona.
	Treasurer's email address (required):	treasurer@MichaelOatman.info
	Treasurer's phone number (required):	(520) 302-5465
	Treasurer's employer (required):	Internet Convenience Store, L.L.C.
Fee 8	Treasurer's occupation (required):	Webmaster, Consultant
Bank or Financial Institution:	Bank name (required):	Pyramid Federal Credit Union
(do not list acct numbers)		
· · · · · · · · · · · · · · · · · · ·		The second secon
DECLARATION AND SIGNAT	URES:	
chairperson or treasurer of the committee and authorize it to campaign finance and report	ne committee named herein, if applicable; (a o receive/make contributions/expenditures of ing guide; (4) agree to comply with Arizona ) agree to accept all notifications and lega	tue and correct. I further declare that I: (1) consent to serve as 2) designate the above-named committee as my official candidate on my behalf, if applicable; (3) have read the Secretary of State's a election law, including campaign finance laws codified at A.R.S. Il service of process for campaign finance purposes via the email
Chairperson's signature:	Mark	Date: 5/3/17
Treasurer's signature:	MICHEL CAM	AN Date: 3 MAY 2017
Candidate's signature (if app	licable):See Above	Date:
S		ALL DESCRIPTION MARKET STORY & CALLS OF DESCRIPTION OF THE STORY OF TH
0 4	<b>弄</b> 不	
₩.	<u>⊢</u> <u>α</u> :	

2 of 2